

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>T.G.</i>		<i>9/4/01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>59</i>	<i>9/10/01</i>
<b>FORMALITY REVIEW</b>	<i>TN</i>	<i>1061</i>	<i>10/02/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>AL</i>	<i>1019</i>	<i>01-17-02</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	<i>6/15/01</i>
1A	<i>10/02/01</i>
2	<i>7/1/01</i>
3	<i>7/1/01</i>
4	<i>7/1/01</i>
5	<i>7/1/01</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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S 0  
10-27-01  
A.G.